

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09-186012

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5	1					
6	2					
7	1					
8	1	1				
9	1	1				
10	1					
11		1				
12	2					
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TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS			1			

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TOTAL IND.			1		
TOTAL DEP.				1	
TOTAL CLAIMS			1		